2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P96000077478

Entity Name: DISABILITY ASSESSMENT CENTER, P.A.

Current Principal Place of Business:

2627 NE 203RD ST
STE 116
MIAMI, FL 33180

New Principal Place of Business:

Current Mailing Address:

3821 NO 40 AV
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 65-0696591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZ, MITCH CPA
3111 N UNIVERSITY DRIVE
720
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DORTO, ANTHONY J
Address: 2627 NE 203 STREET #116
City-St-Zip: MIAMI, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY J. DORTO PRES 03/24/2009

Electronic Signature of Signing Officer or Director — Date